

# STATE OF ALABAMA CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE REQUIRED  
(Date next vaccine is due)

Month Day Year

Name of Child

Date of Birth

Parent or Guardian

**Diphtheria, Tetanus, and Pertussis Vaccine** (Circle vaccine given.) A medical exemption (see reverse side) is required for children less than 7 years of age who are not given pertussis vaccine.

DTaP, DTP, DT, Td    DTaP, DTP, DT, Td    DTaP, DTP, DT, Td    DTaP, DTP, DT, Td    DTaP, DTP, DT, Td    DTaP, DTP, DT, Td

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

**Polio Vaccine** (Circle vaccine given.)

IPV    OPV

IPV    OPV

IPV    OPV

IPV    OPV

IPV    OPV

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

**Measles, Mumps, and Rubella Vaccine** (Circle vaccine given.)

MMR, MR, Measles

MMR, MR, Measles

Mo/Day/Year

Mo/Day/Year

**Haemophilus influenzae Type b** (Required for Day Care and Head Start only. Please record for historical information.)

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

**Varicella Vaccine** (Required for Day Care and Head Start September 2000. Required for Kindergarten entry Fall of 2001 and for a grade higher each successive year.)

**In lieu of Varicella Vaccine**

History of Chickenpox

Mo/Year

Mo/Day/Year

Mo/Day/Year

Positive Varicella

Mo/Year

**Not required for school attendance. Please record for historical information. Do not expire this certificate for these vaccines.**

**Hepatitis B Vaccine**

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

**Pneumococcal Conjugate Vaccine**

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

**Other: Specify Vaccine (not to include TB skin test)**

Vaccine \_\_\_\_\_ Date \_\_\_\_\_ Vaccine \_\_\_\_\_ Date \_\_\_\_\_ Vaccine \_\_\_\_\_ Date \_\_\_\_\_

Authorized Medical Signature

Date

Name of Clinic

# STATE OF ALABAMA TEMPORARY MEDICAL EXEMPTION

EXPIRATION DATE REQUIRED  
(Date next vaccine is due)

Month Day Year

This section of the form is to be used for children who have a medical reason to defer immunizations for a short period of time. An expiration date is required for a temporary medical exemption to be valid. Please make sure the reverse side is complete and up-to-date.

The administration of \_\_\_\_\_ vaccine(s) should be deferred at this time because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED MEDICAL SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF CLINIC

# STATE OF ALABAMA PERMANENT MEDICAL EXEMPTION

This section of the form is to be used for children who have a medical reason to be permanently exempt from certain vaccines. An expiration date is not required. Please make sure the reverse side is complete and up-to-date.

The administration of \_\_\_\_\_ vaccine(s) is contraindicated because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED MEDICAL SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF CLINIC